

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/674,488

FILING DATE

APPLICANT(S)

8-12-04

CLAIMS

AMENDMENT	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2				
3				
4		1		
5	1			
6	1			
7	1			
8	1			
9	1			
10	1			
11	1			
12	1			
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50				
TOTAL IND.	2	0	0	0
TOTAL DEP.	2	0	0	0
TOTAL CLAIMS	2	0	0	0

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.			0					
TOTAL DEP.			0					
TOTAL CLAIMS			0					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS